U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2972

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/2004 Through: 12/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Steven w Rever	Name Plumbers + Pipefitters			
	Labor Organization File Number 23/925 Local 99			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
trook 406 Eldorado Rd.	street 406 Eldorado Rd.			
Blooming TON	CM Bloomington			
State /L. ZIP Code +4 6/704	State ZIP Code + 4 61704			
5. Position in labor organization. Business Manager				
	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):			
(except as specified in the large transactions (including loans) with constary value from an employer whose employees your organic	exclusions set forth in the instructions): I, or derived income or other economic benefit of lization represents or is actively seeking to represent.			
(except as specified in the land the la	exclusions set forth in the instructions):			
(except as specified in the learning transactions (including loans) with constary value from an employer whose employees your organic Name and address of Employer (including trade name, if any). Name Trade Name, if any:	exclusions set forth in the instructions): I, or derived income or other economic benefit of lization represents or is actively seeking to represent.			
(except as specified in the learning le	exclusions set forth in the instructions): I, or derived income or other economic benefit of ization represents or is actively seeking to represent.			
(except as specified in the learning loans) with constary value from an employer whose employees your organi. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	exclusions set forth in the instructions): I, or derived income or other economic benefit of lization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the later of the lat	exclusions set forth in the instructions): i, or derived income or other economic benefit of lization represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.			
	axolusions set forth in the instructions): i, or derived income or other economic benefit of lization represents or is actively seeking to represent. 7.s. Nature of interest, Transaction, or Income.			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name	and address o	f Business (including	g trade name, if any).
---------	---------------	-----------------------	------------------------

Name

Trade Name, if any:

P.O. Box, Bidg., Room No. if any

Street

City

State

ate ZIP Code +

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

State

9. Business deals with:

a. Labor Organization

b. True

c, Employer

11.a. Nature of such dealing.

11.b. Approximate dollar alue of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

14.s. Nature of payme

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Vame

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. is the Business an Employer

or Consultant

14.b. Amount of payment.